

FORM: NDOA CE-001(Rev. 12-03)

State of Nevada

Department of Agriculture 2300 McLeod St Las Vegas, Nevada 89104 Telephone 702-486-4690 Fax 702-486-4695

APPLICATION FOR CONTINUING EDUCATION ACTIVITY

NOTE: A vita/biographical sketch or

DISTRIBUTION: White - NDOA

Canary - NDOA Pink - Sponsor

Please complete this request and <u>return with the following</u> : ✓1. Detailed course outline: □ Attached . ✓2. Copies of all materials (handouts, etc.) □ Attached . ✓3. Copy of certificate of completion, or equivalent, being provide	Application (Part B) is required for each continuing education instructor. Please attach.
NAME OF PROVIDER: CONTACT PERSON:	TELEPHONE NO.: -
Contact E-mail: (An E-mail will be sent to this address when the course is approved)	I
NAME OF INSTRUCTOR(S)(If different than contact person) - ATTACH: VITA, BIO, OR PART B APPLIC	CATION:
MAILING ADDRESS:	
TITLE OF ACTIVITY:	
DATES OFFERED & LOCATIONS:	Total Classroom Hours:
TYPE OF ACTIVITY OFFERED: ☐ Technical Activity ☐ Seminar or Conference ☐ In F☐ Other:	House Training Hours Requested for Each Topic: Laws =
FREQUENCY OF ACTIVITY: Annual (one time only) Ongoing / Open On re	Safety = General =
BRIEF DESCRIPTION OF ACTIVITY:	
OTHER COURSE INFORMATION: <u>Fee to Attend</u> □ Yes (\$) □ No; <u>Open to the</u>	ne Public: □ Yes □ No;
□ Other info -	
The NDOA may video tape portions of this course for future CEU activities. Permission to video tape this	course is granted to the NDOA for this purpose. □ YES □ NO
DO NOT WRITE BELOW THIS	LINE
ACTIVITY IS: Approved Denied CEU's Assigned: Laws () Safety () General	Course No. assigned NV-
Approving Signature	Date

Part A